



Spotlight

ON EXCELLENCE

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RESOURCES

OE Website

<https://www.va.gov/healthcareexcellence/>

OE Pulse Page

<https://www.vapulse.net/groups/oe>

OE Intranet

<http://vaww.oe.rtp.med.va.gov/>

OE Sharepoint

<https://vaww.rtp.portal.va.gov/OQSV/SitePages/Home.aspx>

A Word from the Acting Deputy Under Secretary: Dr. Gerard Cox

Last year, when the call went out to senior leadership to volunteer at a Veteran Service Organization (VSO)-sponsored activity, I raised my hand to attend the National Disabled Veterans Winter Sports Clinic (WSC). Hosted by the Disabled Veterans of America (DAV) from April 1-6 in Snowmass, Colorado, this year's clinic brought together more than 400 Veterans and their caregivers for what has become the VSO's signature event. While I knew my time there would be fulfilling, I couldn't have predicted how deeply moved and inspired I'd feel upon my return to Washington, D.C.

DAV's annual winter event is an adaptive sports clinic where Veterans have their choice of participating in a variety of sports including skiing, fly fishing, archery,

network that is set up annually for the event. But what the WSC is really all about is changing Veterans' lives – hence the WSC motto “Miracles on the Mountainside.”



When it came to choosing a volunteer activity, I indicated that I wanted to be outdoors and able to interact directly with Veterans. So, I was assigned to the “bootloader” team. Before arriving at Snowmass, I had no idea what that would entail. I imagined it would have something to do with helping Veterans get in and out of their ski boots. Instead, my job turned out to be a bit more physically demanding, and, literally “hands on”: helping them onto the chairlift.



Dr. Cox at the DAV annual winter event

snowmobiling and sled hockey. More than just winter games, the WSC is an actual VA clinic where each Veteran's abilities and rehabilitative needs are assessed. The related health data are then entered into their electronic health record via a wireless

As each disabled skier approached the bottom of the hill to prepare to ride the chairlift back to the top, the bootloader team assists by taking hold of the device they are sitting in, allowing the pair of certified disabled ski instructors – also volunteers from all over the U.S. and Canada – to take a break for a few minutes. After the skiers and instructors make equipment adjustments, get a sip of water or Gatorade, and perhaps snack on a homemade cookie, bootloaders push the Veteran into the lift line and prepare to help load them onto the chairlift. The procedure can only be described as an intricate ballet that requires one instructor lifting on each side, the bootloader raising

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the skier's assistive device from behind and handing off a heavy-duty strap to a lift operator who hangs over the back of the chair to pull the Veteran up onto it from the rear just as the lift begins to accelerate uphill.

It was there, atop the mountain at 9,000 feet above sea level, that true to the event's title, the "miracles" unfolded.

Paralyzed skiers with spinal cord injuries fearlessly took to the slopes,



amputees expertly maneuvered a single ski, a pair of skis (if they were wearing

their prosthetic leg), or devices that resembled scooters to sit upon while steering downhill, tiny skis on each foot. There were blind skiers who confidently sped down the mountainside with equal zeal. To see these Veterans in action, as they began to think not in terms of disability but newfound ability, was an incredibly rewarding experience.

I also had the pleasure of meeting [Dave Riley](#), a former U.S. Coast Guard helicopter rescue swimmer, U.S. Army Veteran and quadruple amputee who served as DAV's National Commander in 2016. I chatted with Dave and his wife at dinner where he told me that the WSC had literally saved his life after losing all four limbs to sepsis in the



1980s. At the time, he was despondent about his future, and unsure if he'd ever be able to do much more than get out of bed. The opportunity to participate in adaptive sports showed him that disabled Veterans can live full lives and inspired him to become active in DAV.

Dave, as well as all the disabled Veterans who participated in the WSC, personify the word "inspiring." In fact, they take the word to an entirely new level. After witnessing their personal journeys, I left the clinic feeling re-energized, reminded once again of the real reason we are here at VA: "to care for those who shall have borne the battle."

To see and hear some of these Veterans' stories, I encourage you to visit www.wintersportsclinic.org/ ♦



Leadership Q&A:
Herbert Wolfe, Ph.D.,
MHS-PA
Chief Audit Executive,
Office of Internal Audit
and Risk Assessment*

How would you describe what your office does for Veterans to a Veteran?

The Office of Internal Audit and Risk Assessment (IARA), pronounced "IRA", is dedicated to enhancing oversight and accountability to ensure VA delivers the best care. Our main goal is to restore Veterans' trust in VA health care. Not only do we want to deliver the best care to every Veteran, but we also want to ensure we are continuously improving our processes and operations to be the world's best integrated health care system.

How does your office support VHA staff in the field?

We support the field by providing an independent and objective internal audit function that will assist across all levels of care, delivery and leadership. We also provide a clear, objective and transparent process for holding individuals throughout the organization accountable for the care we deliver. We interact with both front line staff and national program offices to ensure we have a united and objective front around oversight and accountability.

What projects or initiatives are you working on now that our readers should know about?

We started our inaugural audit in October 2017 looking at three items: the integrity of our wait times (data publicly available at www.accesstocare.va.gov), compliance with VHA's scheduling policies, and management's audit process for ensuring compliance with VHA's scheduling policies.

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How would you define “integrity” and how does Organizational Excellence advance or support that concept?

We use the definition in VA’s I CARE Core Values to define integrity: act with high moral principle, adhere to the highest professional standards, and maintain the trust and confidence of all with whom we engage. We are the Under Secretary for Health’s independent and objective assurance function within VHA, meaning that we are a critical new function in VHA’s commitment to enhance oversight and accountability. When people commit to performing their oversight duties with integrity, our goal is for the Veteran to see that commitment—holding ourselves accountable to ensure we deliver Veterans the best possible care—every time.

Why did you decide to work at VA?

I came to VA because it was a unique opportunity to give back to those who have served while contributing to the noblest mission within government service. As a Veteran, I am passionate about our goal to restore trust in VA health care. At many places in Washington, the barometer of success is if your bosses, political allies, or the

Washington Post like you. Here at VHA, we are successful every time a Veteran chooses VA for their health care, and we continue our drive to become the world’s best integrated health care system.

Can you share something about a Veteran who has inspired you?

Admiral Karen Flaherty served as the 22nd Director of the Navy Nurse Corps and as Deputy Surgeon General of the Navy. She exemplifies servant leadership: she has a daily commitment to serve others, makes a conscious choice to inspire and has a legacy of ensuring the next generation of outstanding servant leaders. I strive daily to be an authentic servant leader and hope that I inspire my team to continue to achieve excellence in all that they do.

Note: Dr. Wolfe was Admiral Flaherty’s special assistant during her role as the Deputy Surgeon General of the U.S. Navy. He served in that role from August to December 2011.

What lessons can private sector health care providers learn from VHA?

Our employees’ commitment to VHA’s mission! Our employees do not stay for the pay or the benefits. They

stay because they are bonded to the mission of caring for those who have served. Most—actually, all—private health care organizations should aspire to have the same level of commitment, talent and diversity that is in our VA health care team.

**Note: Shortly after this interview was conducted, Dr. Wolfe was selected for a one-year executive detail at the White House, serving on the National Security Council staff as Director for Medical Preparedness Policy. We wish Dr. Wolfe all the best as he transitions to his new leadership opportunity.*

We also welcome back Deborah E. Kramer, who will be serving as Acting Chief Audit Executive. An Army Veteran, Ms. Kramer has been working with the Office of Enterprise Integration (OIE) and the Office of Information Technology (OIT) as senior advisor and lead executive for strategic coordination for OIE/OIT supply chain modernization. Ms. Kramer previously worked within the Office of the DUSHOE as Outcome Executive for the VA Government Accountability Office Health Care High-Risk List Task Force. ♦

Excellence in Action: Inpatient Flow Academy

In 2003, the Institute for Healthcare Improvement (IHI) and other health care quality organizations began to look at the connection between the movement of health care patients through a medical center—more commonly known as patient flow—and the quality of care and patient safety standards within the health care system.

Acknowledgement of this correlation led VHA’s Office of Systems Redesign and Improvement to host the first 2017 Inpatient Flow Academy since 2012. The focus of the program is to advance inpatient flow operations in VA medical facilities

and to develop these skills within VA employees to enhance patient flow improvement across VHA. Thirty field-based employees from VAMCs and VISNs nationwide participated in the program to deepen their patient flow skills in inpatient areas, emergency departments and operating rooms. Dr. Shantha Das, geriatrician at the Hampton VAMC and recent graduate of the Inpatient Flow Academy, says “Inpatient Flow Training is essential for everyone who is involved in patient flow.”

The Inpatient Flow Academy is an eight-month program that includes three face-to-face sessions. Its mission is to empower

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VAMC and VISN employees by providing the tools and resources to understand:

- » Process and variability analysis
- » Variability analysis tools for operation problems in VAMCs
- » Which method is best for a VAMC
- » A leadership endorsed operations management project (applicable to each participant's VAMC/VISN)
- » How to be a change agent at their VAMC/VISN by guiding colleagues through the material and applications learned via the Academy

Throughout the program, participants focus on operations management, critical path methods, Queuing Theory and teamwork. They also complete course projects—known as inter-session projects—which enable them to actively use what they are learning while being given the opportunity to implement their ideas at medical sites. The program also includes the completion of a flow improvement project, which is tailored to the facility of each attendee and is tracked through to completion, including a broad return on investment analysis for the attendees as a group. William Ashby, Systems Redesign Coordinator for the Syracuse VAMC, says his attendance at the Inpatient Flow Academy helped him be much more equipped to facilitate process improvement efforts as a Systems Redesign Coordinator at his facility. “The tools that were taught in the Academy were practical tools that have helped to streamline our medical center’s process improvement journey,” Ashby says.

The Office of Systems Redesign and Improvement recently selected a new class for the 2018 Inpatient Flow Academy that met in St. Petersburg, Florida on March 13. The next two sessions will be in June and September, respectively. During the Academy, participants will be able to introduce team-based inpatient flow improvement projects to their facilities with the support of facility leadership.

According to Dr. Jeff Van Buskirk, Program Director for the VHA Office of Systems Redesign and Improvement and one of the founding faculty of the Academy, “The Inpatient Flow Academy is perhaps our highest-level, most intense offering among all of our educational activities in System Redesign and Improvement. We patterned it on IHI’s Managing Hospital Operations course but tailored it to our challenges and the culture at VHA.”

Buskirk says students who already have a baseline understanding of improvement and inpatient flow now learn advanced tools to provide better and timelier inpatient care. Over the length of the course, students work on projects where they are expected to use the tools that they have learned to improve processes in health care and ultimately become true subject matter experts in inpatient flow.

“Graduates have gone on to become great faculty and coaches,” Buskirk adds, “and we hope that they will take the knowledge gained at the Academy to not only make their hospitals better, but to teach the concepts to others and spread the principles of improvement and high reliability that eventually make the whole of the VHA enterprise better.” ♦

Feature from the Field: Bed Management Solution: Right Mix of Talent Develops Award-Winning VHA Tool

In 2009, VHA made a commitment to Congress to develop a methodology that could easily identify available acute and residential beds nationwide. At the time, grassroots software solutions existed at only four medical centers. Given VHA’s responsibility to provide timely access to acute inpatient and residential services at all medical centers, a more robust national software solution was needed.

In response, Bed Management Solutions (BMS) was developed by a group of patient flow specialists, clinicians and software developers led by John Trotter, an Office of Information and Technology developer and a current BMS team member. John Trotter and Vicki Jiardina, BMS clinical application manager

with the Office of Systems Redesign and Improvement, spearheaded the national deployment of BMS and onsite training at medical centers. Through collaboration with facilities nationwide, the BMS team has supported the coordination of application development, served as a critical link to clinical operations and trained more than 40,000 registered and active BMS users.

The BMS team, the Office of Systems Redesign and Health



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Systems Innovation Planning and Coordination has assisted in further development and coordination of the enterprise-wide use of BMS and solidified it as VHA's primary bed and patient tracking system. BMS now aids facilities by monitoring supply and demand and giving providers the ability to use evidence-based medical criteria to view the status to determine if a patient is meeting the recommended level of care. This information is essential not only for Veterans internal to the medical center, but also for those receiving care in a community where a VA bed is needed. This functionality is especially important during natural disasters—such as hurricanes—so that Veterans may be safely transferred to alternative care locations.

While the two original members continue their work with the national BMS team, the group has expanded slightly over the years to include new members Diane Campeau, National Patient Flow Coordinator and BMS business Owner Designee; LaYionn Prater, Nurse Consultant, Patient Flow Coordination, Office of Systems Redesign and Improvement; Katherine “Katy” Herold, Clinical Applications Coordinator, Health Systems Innovation; and Maris Norwood, Program Manager with Health Systems Innovation. Dr. George “Jeff” Van Buskirk, Director, BMS Business Owner and Leigh Starr, Acting Deputy Director from the VHA Office of Systems Redesign and Improvement also provide invaluable support to the team.

Two years ago, the team received the 2016 Leadership VA Alumni Association (LVAA) Team Spirit Award, which

recognizes extraordinary achievement, leadership and team effort. Upon presentation of the award, Shilpa Patel-Teague the former President of the LVAAA stated, “We are thankful that VA has employees such as you who exhibit selfless service, placing the needs of others before your own.”

Today, BMS supports facility staff to efficiently plan, prepare and manage patient flow, reduce community care costs, track current and pending bed availability, maximize use of hospital capacity prior to diversion or transfer to community care, and provide bed availability for emergency management. This helps VISNs across the country work collaboratively and seamlessly to ensure patients receive the appropriate type of care for their needs. Jiardina, recently stated, “It is amazing to see how the original vision of a single bed tracking system has grown into a complex application that supports our end users in multiple areas of flow to ensure timely access to care.”

While continuously prioritizing timely access to care for our Veterans, the team recently assisted in establishing a VHA policy for use of BMS within VHA medical centers. VHA BMS Directive 1002: “Bed Management Solution for Tracking Beds and Patient Movement Within and Across VHA Facilities” was published November 28, 2017. This Directive establishes policy requirements for full implementation and use of BMS for tracking bed utilization, patient movement, flow management and augmentation of emergency management response plans. ♦

What's Happening

The Office of Organizational Excellence invites you to send your events, conferences and publications for inclusion in this quarterly calendar. Please email your information to VHA10EDUSHOE1@va.gov.

May

Clinical Team Training (National Center for Patient Safety)

May 14–18

Long Beach, California

Root Cause Analysis Training (National Center for Patient Safety)

May 15

Bedford, Massachusetts

Cardiac Surgery Simulation Training (National Center for Patient Safety)

May 15

Memphis, Tennessee

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Root Cause Analysis Training (National Center for Patient Safety)

May 17

North Hampton, Massachusetts

National Compliance and Ethics Week (Compliance and Business Integrity and National Center for Ethics in Healthcare)

May 14–18

IntegratedEthics Improvement Forum: Speak Up, Listen Up!

May 14 at 12 p.m.

VANTS conference line

IntegratedEthics Education Series: Ethical Considerations in Limits to Patient Choice”

May 17 at 12 p.m.

TMS Learning Module

Journal Club Webinar: Financial Conflicts of Interest

May 18 at 12 p.m.

IntegratedEthics Improvement Forum: Managing Moral Distress (National Center for Ethics in Health Care)

May 21 at 12 p.m.

VANTS Conference Call

Memorial Day

May 28

My Voice Matters (National Center for Ethics in Health Care)

May 29–30

Kansas City, Missouri

June

VHA Optimizing Patient Flow and Technology Meeting (Office of System Redesign and Improvement)

June 5–7

Washington, D.C.

Clinical Team Training (National Center for Patient Safety)

June 11–15

Sacramento, California

Patient Flow Coordination Collaborative (Office of Systems Redesign and Improvement and the Office of Emergency Medicine)

June 12–14

Orlando, Florida

Clinical Team Training (National Center for Patient Safety)

June 18–22

Phoenix, Arizona

Clinical Team Training (National Center for Patient Safety)

June 18–22

Inpatient Flow Academy (Office of Systems Redesign)

June 19–21

New Orleans, Louisiana

Diffusion of Excellence Grand Rounds: Promising Practices in Preventing Patient Harm (Office of Quality, Safety & Value)

June 20

Adobe Connect

Conversations with Leadership

June 21

VANTS Conference Call

Risk Management Boot Camp (Physicians) (Office of Safety and Risk Awareness)

June 26–28

Tampa Bay, Florida

Ethics and Professionalism Grand Rounds: Financial Conflicts of Interest (National Center for Ethics in Healthcare)

June 28

TMS, VA Learning System

OE Summer 2018 Town Hall

June 28

Adobe Connect and VANTS Conference Call